**Attachment I. Estimates of Annualized Burden Hours and Cost**

Table A. Estimated national annual burden in number of hours to collect and report data, by form for existing NHSN forms

| Form Letter and Title | No. of Respondents2004 2007 | No. of Responses/Respondent Annually2004 2007  | Total No. of Responses Annually 2004 2007 | Average Burden/ Response (hrs)2004 2007 | Total Burden (hrs) 2004 2007 Increase |
| --- | --- | --- | --- | --- | --- |
| R Facility Contact Information | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 10/60 | 10/60 | 58 | 250 | 192 |
| S Patient Safety Component Annual Facility Survey | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 30/60 | 30/60 | 175 | 750 | 575 |
| T Agreement to Participate and Consent | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 15/60 | 15/60 | 88 | 375 | 287 |
| U Group Contact Information | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 5/60 | 5/60 | 29 | 125 | 96 |
| A Patient Safety Monthly Reporting Plan | 350 | 1,500 | 9 | 9 | 3,150 | 13,500 | 25/60 | 35/60 | 1,312 | 7,875 | 6,563 |
| B Healthcare Personnel Safety Reporting Plan | 90 | 150 | 2 | 9 | 180 | 1,350 | 10/60 | 10/60 | 30 | 225 | 195 |
| C Patient Data\* | - | - | - | - | - | - | - | - | - | - | - |
| D Primary Bloodstream Infection (BSI)\*\* | 200 | 1,500 | 36 | 36 | 7,200 | 54,000 | 25/60 | 30/60 | 3,000 | 27,000 | 24,000 |
| G Pneumonia (PNEU)(Includes decision algorithms:Ga Any Patient - Pneumonia Flow DiagramGbInfant and Children - Pneumonia Flow Diagram) | 200 | 1,500 | 72 | 72 | 14,400 | 108,000 | 25/60 | 30/60 | 6,000 | 54,000 | 48,000 |
| H Urinary Tract Infection (UTI) | 200 | 1,500 | 27 | 27 | 5,400 | 40,500 | 25/60 | 30/60 | 2,250 | 20,250 | 18,000 |
| N Surgical Site Infection (SSI) | 200 | 1,500 | 27 | 27 | 5,400 | 40,500 | 25/60 | 30/60 | 2,250 | 20,250 | 18,000 |
| E Dialysis Event | 80 | 80 | 90 | 200 | 200 | 16,000 | 12/60 | 15/60 | 1,440 | 4,000 | 2,560 |
| I Custom Event (not reported to CDC) | - | - |  | - | - | - | - | - | - | - | - |
| P Antimicrobial Use and Resistance (AUR) – Microbiology Laboratory Data\*\* | 20 | 1,500 | 45 | 45 | 900 | 67,500 | 3 | 3 | 2,700 | 202,500 | 199,800 |
| Q Antimicrobial Use and Resistance (AUR) – Pharmacy Data\*\* | 20 | 1,500 | 36 | 36 | 720 | 54,000 | 2 | 2 | 1,440 | 108,000 | 106,560 |
| L Denominators for Intensive Care Unit (ICU)/Other locations (Not NICU or SCA) | 245 | 1,500 | 18 | 18 | 4,410 | 27,000 | 5 | 5 | 22,050 | 135,000 | 112,950 |
| K Denominators for Specialty Care Area (SCA) | 75 | 1,500 | 9 | 9 | 675 | 13,500 | 5 | 5 | 3,375 | 67,500 | 64,125 |
| J Denominators for Neonatal Intensive Care Unit (NICU) | 100 | 1,500 | 9 | 9 | 900 | 13,500 | 4 | 4 | 3,600 | 54,000 | 50,400 |
| O Denominator for Procedure | 200 | 1,500 | 540 | 540 | 108,000 | 810,000 | 5/60 | 8/60 | 9,000 | 108,000 | 99,000 |
| F Dialysis Log Form (not reported to CDC) | - | - | - | - | - | - | - | - | - | - | - |
| M Denominators for Outpatient Dialysis | 80 | 80 | 9 | 9 | 720 | 720 | 5/60 | 5/60 | 60 | 60 | 0 |
| BB Dialysis Survey | 80 | 80 | 1 | 1 | 80 | 80 | 1 | 1 | 80 | 80 | 0 |
| CC List of Blood Isolates+ | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 1,150 |
| DD Manual Categorization of Positive Blood Cultures+ | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 1 | 1 | 350 | 1,500 | 1,150 |
| V Exposure to Blood/Body Fluids | 90 | 150 | 42 | 50 | 3,780 | 7,500 | 1 | 1 | 3,780 | 7,500 | 3,720 |
| W Healthcare Worker Postexposure Prophylaxis | 90 | 150 | 6 | 10 | 540 | 1,500 | 15/60 | 15/60 | 135 | 375 | 240 |
| X Healthcare Worker Demographic Data | 90 | 150 | 42 | 200 | 3,780 | 30,000 | 10/60 | 20/60 | 630 | 10,000 | 9,370 |
| Y Healthcare Worker Vaccination History | 90 | 150 | 42 | 300 | 3,780 | 45,000 | 15/60 | 10/60 | 945 | 7,500 | 6,555 |
| Za Healthcare Personnel Safety Component Facility Survey | 90 | 150 | 1 | 1 | 90 | 150 | 5.5 | 8 | 495 | 1,200 | 705 |
| Z Implementation of Engineering (safety devices) Controls for Sharps Injury Prevention | 90 | 150 | 1 | 1 | 90 | 150 | 30/60 | 30/60 | 45 | 75 | 30 |
| AA Healthcare Worker Survey | 90 | 150 | 10 | 100 |  900 | 15,000 | 10/60 | 10/60 | 150 | 2,500 | 2,350 |
| EE Denominator for Custom Procedure | - | - | - | - | - | - | - | - | - | - | - |
| **Total**  |  |  |  |  |  |  |  |  | **65,817** | **842,390** | **776,573** |

 \*Data on Patient Data Form (Form C) are entered as part of an, therefore the burden of these are included under each event form’s burden estimate.

 \*\*Burden will be eliminated when reporting these data once an NHSN institution implements electronic data capture.

 +Burden during validation phase only, then eliminated.

Table B. Estimated national annual burden in number of hours to collect and report data, by form for proposed new NHSN forms

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Form Letter and Title | No. of Respondents | No. of Responses/Respondent Annually | Total No. of Responses Annually | Average Burden/ Response (hrs) | Total Burden (hrs) |
| FF Healthcare Worker Influenza Vaccination  | 150 | 500 | 75,000 | 10/60 | 12,500 |
| GG Healthcare Worker Influenza Antiviral Medication Administration  | 150 | 50 | 7,500 | 10/60 | 1,250 |
| HH Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 150 | 1 | 150 | 10/60 | 25 |
| II Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 150 | 1 | 150 | 10/60 | 25 |
| JJ Central Line Insertion Practices Adherence Monitoring Form  | 1,500 | 100 | 150,000 | 5/60 | 12,500 |
| KK Laboratory Testing | 150 | 100 | 15,000 | 15/60 | 3,750 |
| LL Multidrug Resistant Organism Prevention Process and Outcome Measures Monthly Monitoring Form | 1,500 | 24 | 36,000 | 10/60 | 6,000 |
| MM MDRO Infection Event  | 1,500 | 72 | 108,000 | 30/60 | 54,000 |
| NN Laboratory-identified MDRO Event  | 1,500 | 240 | 360,000 | 30/60 | 180,000 |
| OO NHSN Registration Form | 1,500 | 1 | 1,500 | 5/60 | 125 |
| PP High Risk Inpatient Influenza Vaccination Monthly Monitoring Form - Method A | 1,500 | 5 | 7,500 | 16 | 120,000 |
| QQ High Risk Inpatient Influenza Vaccination Numerator Data Form - Method B | 500 | 250 | 125,000 | 10/60 | 20,833 |
| RR High Risk Inpatient Influenza Vaccination Monthly Monitoring Form - Method B | 500 | 5 | 2,500 | 4 | 10,000 |
| SS High Risk Inpatient Influenza Vaccination Denominator Data Form - Method B | 500 | 250 | 125,000 | 5/60 | 10,417 |
| TT Laboratory-identified MDRO Event Summary Form | 1,500 | 3 | 4,500 | 1 | 4,500 |
| VV High Risk Inpatient Influenza Vaccination Standing Orders Form - Optional (not reported to CDC)\* | - | - | - | - | - |
|  |  |  |  |  | **435,925** |

\* The Standing Orders Form (VV) is an optional form that may be used in NHSN, but is not required as part of the Patient Influenza High Risk Inpatient Influenza Vaccine Module

Table C. Estimated national annual cost burden to collect and report data by form, for existing NHSN forms

The average salaries of the professional disciplines most frequently involved in performing surveillance have been used in the calculations and they are based on data from the Department of Labor, Bureau of Labor Statistics**.** All costs related to salary are the hourly salary in 2005 by occupation adjusted 4% annually for inflation. The disciplines currently most often involved in hospital-associated infections surveillance along with their average hourly salary in 2005 are: Infection control/occupational health professional $34.65, staff registered nurse $29.58, laboratory technician $17.25, and pharmacy technician $13.18. The estimate of the infection control/occupational health professional’s salary is based on the 75th percentile of registered nurse salary because of their specialized position.

|  |  |  |  |
| --- | --- | --- | --- |
| Form Letter and Title | Average Hourly Salary of Respondent2004 2007 | Total Burden (hrs)2004 2007 | Total Burden (dollars) 2004 2007 Increase |
| R Facility Contact Information | 30.23 | 34.65 | 58 | 250 | $1,753.00 | $8,662.50 | $6,909.50 |
| S Patient Safety Component Annual Facility Survey | 30.23 | 34.65 | 175 | 750 | $5,290.00 | $25,987.50 | $20,697.50 |
| T Agreement to Participate and Consent | 30.23 | 34.65 | 88 | 375 | 2,660.00 | $12,993.75 | $10,333.75 |
| U Group Contact Information | 30.23 | 34.65 | 29 | 125 | $877.00 | $4,331.25 | $3,454.25 |
| A Patient Safety Monthly Reporting Plan | 30.23 | 34.65 | 1,312 | 7,875 | $39,662.00 | $272,868.75 | $233,206.75 |
| B Healthcare Personnel Safety Reporting Plan | 30.23 | 34.65 | 30 | 225 | $907.00 | $7,796.25 | $6,889.25 |
| C Patient Data\* | - | - | - | - | - | - | - |
| D Primary Bloodstream Infection (BSI)\*\* | 30.23 | 34.65 | 3,000 | 27,000 | $90,690.00 | $935,550.00 | $844,860 |
| G Pneumonia (PNEU)(Includes decision algorithms:Ga Any Patient – Pneumonia Flow DiagramGb Infants and Children – Pneumonia Flow Diagram) | 30.23 | 34.65 | 6,000 | 54,000 | $181,380.00 | $1,871,100.00 | $1,689,720.00 |
| H Urinary Tract Infection (UTI) | 30.23 | 34.65 | 2,250 | 20,250 | $68,018.00 | $701,662.50 | $633,644.50 |
| N Surgical Site Infection (SSI) | 30.23 | 34.65 | 2,250 | 20,250 | $68,018.00 | $701,662.50 | $633,644.50 |
| E Dialysis Event | 25.24 | 29.58 | 1,440 | 4,000 | $36,346.00 | $118,320.00 | $81,974.00 |
| I Custom Event (not reported to CDC) | - | - | - | - | - | - | - |
| P Antimicrobial Use and Resistance (AUR) – Microbiology Laboratory Data\*\* | 15.58 | 17.25 | 2,700 | 202,500 | $42,066.00 | $3,493,125.00 | $3,451,059.00 |
| Q Antimicrobial Use and Resistance (AUR) – Pharmacy Data\*\* | 11.70 | 13.18 | 1,440 | 108,000 | $16,848.00 | $1,423,440.00 | $1,406,592.00 |
| L Denominators for Intensive Care Unit (ICU)/Other locations (Not NICU or SCA) | 25.24 | 29.58 | 22,050 | 135,000 | $556,542.00 | $3,993,300.00 | $3,436,758.00 |
| K Denominators for Specialty Care Area (SCA) | 25.24 | 29.58 | 3,375 | 67,500 | $85,185.00 | $1,996,650.00 | $1,911,465.00 |
| J Denominators for Neonatal Intensive Care Unit (NICU) | 25.24 | 29.58 | 3,600 | 54,000 | $90,864.00 | $1,597,320.00 | $1,506,456.00 |
| O Denominator for Procedure | 25.24 | 29.58 | 9,000 | 108,000 | $227,160.00 | $3,194,640.00 | $2,967,480.00 |
| F Dialysis Log Form (not reported to CDC) | - | - | - | - | - | - | - |
| M Denominators for Outpatient Dialysis | 25.24 | 29.58 | 60 | 60 | $1,514.00 | $1,774.80 | $260.80 |
| BB Dialysis Survey | 30.23 | 34.65 | 80 | 80 | $2,418.00 | $2,772.00 | $354.00 |
| CC List of Blood Isolates+ | 30.23 | 34.65 | 350 | 1,500 | $10,581.00 | $51,975.00 | $41,394.00 |
| DD Manual Categorization of Positive Blood Cultures+ | 30.23 | 34.65 | 350 | 1,500 | $10,581.00 | $51,975.00 | $41,394.00 |
| V Exposure to Blood/Body Fluids | 30.23 | 34.65 | 3,780 | 7,500 | $114,269.00 | $259,875.00 | $145,606.00 |
| W Healthcare Worker Postexposure Prophylaxis | 30.23 | 34.65 | 135 | 375 | $4,081.00 | $12,993.75 | $8,912.75 |
| X Healthcare Worker Demographic Data | 30.23 | 34.65 | 630 | 10,000 | $19,045.00 | $346,500.00 | $327,455.00 |
| Y Healthcare Worker Vaccination History | 30.23 | 34.65 | 945 | 7,500 | $28,567.00 | $259,875.00 | $231,308.00 |
| Za Healthcare Personnel Safety Component Facility Survey | 30.23 | 34.65 | 495 | 1,200 | $14,964.00 | $41,580.00 | $26,616.00 |
| Z Implementation of Engineering (safety devices) Controls for Sharps Injury Prevention | 30.23 | 29.58 | 45 | 75 | $1,360.00 | $2,218.50 | $858.50 |
| AA Healthcare Worker Survey | 23.13 | 34.65 | 150 | 2,500 | $3,470.00 | $86,625.00 | $83,155.00 |
| EE Denominator for Custom Procedure | - | - | - | - | - | - | - |
| **Total** |  |  |  |  | **$1,725,116.00** | **$21,477,574.05** | **$19,752,458.05** |

\*Data on Patient Data Form (Form C) are entered as part of an event therefore, the burden of these are included under each event form’s burden estimate.

\*\*Burden will be eliminated when reporting these data once an NHSN institution implements electronic data capture.

+Burden during validation phase only, then eliminated.

Table D. Estimated national annual cost burden to collect and report data by form, for new NHSN forms

The average salaries of the professional disciplines most frequently involved in performing surveillance have been used in the calculations and they are based on data from the Department of Labor, Bureau of Labor Statistics**.** All costs related to salary are the hourly salary in 2005 by occupation adjusted 4% annually for inflation. The disciplines currently most often involved in hospital-associated infections surveillance along with their average hourly salary in 2005 are: Infection control/occupational health professional $34.65, staff registered nurse $29.58, laboratory technician $17.25, and pharmacy technician $13.18. The estimate of the infection control/occupational health professional’s salary is based on the 75th percentile of registered nurse salary because of their specialized position.

|  |  |  |  |
| --- | --- | --- | --- |
| Form Letter and Title | Average Hourly Salary of Respondent | Total Burden (hrs) | Total Burden (dollars) |
| FF Healthcare Worker Influenza Vaccination  | 34.65 | 12,500 | $433,125.00 |
| GG Healthcare Worker Influenza Antiviral Medication Administration | 34.65 | 1,250 | $43,312.50 |
| HH Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 34.65 | 25 | $866.25 |
| II Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 34.65 | 25 | $866.25 |
| JJ Central Line Insertion Practices Adherence Monitoring Form  | 34.65 | 12,500 | $433,125.00 |
| KK Laboratory Testing | 17.25 | 3,750 | $64,687.50 |
| LL Multidrug-Resistant Organism Prevention Process and Outcome Measures Monthly Monitoring Form | 34.65 | 6,000 | $207,900.00 |
| MM MDRO Infection Event  | 34.65 | 54,000 | $1,871,100.00 |
| NN Laboratory-identified MDRO Event | 34.65 | 180,000 | $6,237,000.00 |
| OO NHSN Registration Form | 34.65 | 125 | $4,331.25 |
| PP High Risk Inpatient Influenza Vaccination Monthly Monitoring Form - Method A | 34.65 | 120,000 | $4,158,000.00 |
| QQ High Risk Inpatient Influenza Vaccination Numerator Data Form - Method B | 34.65 | 20,833 | $721,863.45 |
| RR High Risk Inpatient Influenza Vaccination Monthly Monitoring Form - Method B | 34.65 | 10,000 | $346,500.00 |
| SS High Risk Inpatient Influenza Vaccination Denominator Data Form - Method B | 34.65 | 10,417 | $360,949.05 |
| TT Laboratory-identified MDRO Event Summary Form | 34.65 | 4,500 | $155,925.00 |
| VV High Risk Inpatient Influenza Vaccination Standing Orders Form – Optional (not reported to CDC) | - | - | - |
|  |  | **435,925** | **$15,039,551.25** |

\* The Standing Orders Form (VV) is an optional form that may be used in NHSN, but is not required as part of the Patient Influenza High Risk Inpatient Influenza Vaccine Module